

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**FAX RECEIVED**

Application of

JAN 17 2003

Applicant : Craig S. Chamberlain, et al.  
Prior Application Serial No. : 09/358,738  
Filed : July 21, 1999  
Title : METHOD FOR MEASURING STRESS LEVELS IN  
POLYMERIC COMPOSITIONS  
Examiner : Jan M. Ludlow  
Group Art Unit : 1743  
Docket : 53321USA1A (MNN026PA)

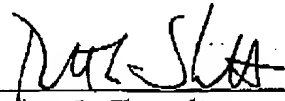
**GROUP 1700**

Sir:

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Continued Prosecution Application (CPA) Request Transmittal, Preliminary Amendment, and Receipt for Facsimile Transmitted CPA are being facsimile transmitted to the Patent and Trademark Office on January 17, 2003.

**OFFICIAL**

  
Robert L. Showalter  
Reg. #33,579

PTO/SB/29 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))		20 -20* =	0	x \$ _____ =	\$ 0
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))		5 -3** =	2	x \$ 84 =	168
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ 0 =	0
				BASIC FEE (37 CFR 1.18)	750
				Total of above Calculations =	918
				Reduction by 50% for filing by small entity (Note 37 CFR 1.27).	
				* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.	
				TOTAL =	918

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 2164:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☒ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: Certificate of Facsimile Transmission

**NOTE:** The prior application's correspondence address will carryover to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> New correspondence address below			
(Insert Customer No. or Attach bar code label here)					
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print Type)	Robert L. Showalter
Signature	<i>[Signature]</i>
Registration No. (Attorney/Agent)	13579
Date	1/17/03

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